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# Cystic Goitre With Cases in Practice.



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## CYSTIC GOITRE WITH CASES IN PRACTICE.

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### DEFINITION.

Any enlargement of the thyroid gland containing a cyst.

### CLASSIFICATION.

Clinically we meet single or multiple cysts. Where vessels predominate in morbid action we have vesicular or cavernous cysts. They contain sometimes pure blood. Where connective tissue increases, fibroid development takes place; producing the fibro-cystic formations whose contents in appearance vary from grumous to gray-looking serum.

Calcareous degeneration takes place in the cyst wall or septæ when multiple, but this is rare. As exophthalmic goitre, or Graves' disease, may accompany this and every form of thyroid enlargement, it is most probable they are only different manifestations of one and the same disease.

### ETIOLOGY.

The cause, like that of goitre itself, is an unsettled problem. It is found in the frozen North and under the tropics. Humboldt mentions its prevalence in South America among those of most varied environments, as to soil and climate, and a recent traveler, Vincent, alludes to its prevalence there, particularly among the Venezuelans. Over sixty per cent. of the inhabitants of the Indian Punjaub are said to be affected with goitre. That

it is due to a high percentage of magnesian lime in solution in the water cannot be maintained. That it may be a mycosis there is some reason to believe. Klebs suggests organisms. He sees a relationship in changes taking place in the enlarged spleen of intermittent, and goitre. No inflammatory change in vessels, but a lessened resistance pressure of vessel walls of spleen and thyroid gland.

### PATHOLOGY.

The thyroid is a vascular, ductless, and true epithelial gland. There takes place a defective maintenance of structure, increase of fluids and organizable products, and oozing of coloring matter. Colloid metamorphosis occurs in cell contents and then it liquifies. Virchow thinks that colloid of this gland commences in the free fluid of its follicles after having been let loose by the destruction of the cells. Cell walls atrophy and connective tissue forms capsule or capsules of cyst or cysts. Hemorrhage occurs which colors contents of cysts, and hence fluid is generally grumous in appearance. Under the microscope are seen detritus, fatty degeneration cells, and cholesterine. Albumen is always found in cyst contents, and according to Conheim<sup>1</sup>, the thyroid is the typical seat for the development of the so-called alkali-albumen; albumnose and meucin. Cysts may develop in cases where little colloid degeneration is seen.

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<sup>1</sup> Conheim's Pathology.



Follicles are distended by albuminoid fluid, and cells undergo changes. Fatty degeneration most common.

#### SYMPTOMS AND DIAGNOSIS.

The symptoms depend on the presence of tumor and the pressure made by it. The most common fibro-cystic have irregular outlines, firm consistency, and fluctuating cysts. Dyspnoea is present generally, but size of growth does not always determine its extent. Pressure on veins may lead to passive hyperæmia of the brain and tidal tinnitus is sometimes present, anæmia constant and prominence of eyes sometimes. It is generally seen in young women, and a hypodermic syringe, used as an exploring needle and aspirator, makes diagnosis easy. The presence of so marked an enlargement over the thyroid region and such an assemblage of symptoms could only be confounded with an aneurism or malignant growth. The former does not move vertically during deglutition and after cysts have formed in cancers, evidence of the disease in adjoining glands would present itself.

#### TREATMENT.

The methods used in the following cases will best elucidate the principles underlying plan of treatment adopted, and found effective.

CASE I. Miss O., æt 30, housekeeper, was seen in June, 1889, with large globular growth in median line of neck over thyroid region, and extending on both sides as far as the carotid vessels. Patient was lymphatic temperament, anæmic and suffering from dyspnoea. A hypodermic needle passed through the centre of the enlargement revealed the presence of a fluid cavity, and the syringe used as an aspirator brought out some dark-looking fluid which did not coagulate on exposure to the air. Tr. Iodine, which in the experience of the writer had been so effective in the treatment of simple hyperplasia of the thyroid was injected (10 m.) into the lateral lobes several times during the summer, and while it lessened the lateral lobes in size, it did not relieve the dyspnoea or reduce the central enlargement. In October following, a seton passed through the cyst entrance and exit about two inches apart caused considerable reaction; temperature 103°. At the end of ten days, patient was put to bed, and suppuration

around cord enabled one to pass a small trocar and canula. Through canula retained in position, injection of sol. acid carbolic was used frequently. At the end of ten days, constitutional disturbance had ceased. The seton and canula were removed and a drainage tube introduced. This treatment was kept up for six weeks when tube was removed. The discharge continued of pus for seven weeks and it was feared a permanent fistula would result, but healing in a month occurred. The cyst prominence almost entirely disappeared, the dyspnoea was relieved, but the patient passed out of sight and therefore the ultimate result cannot be stated.

CASE II. Miss S., student, æt 22, brunette, family history good, presented herself July, 1890, with large growth over thyroid region more marked on right side. Patient had pallor and dyspnoea. It was stated cyst had been tapped and quickly refilled. From the irregular form, hard and heavy fibroid formations were suspected and afterwards confirmed. Drew off with the aspirator a tumbler full of grumous-looking fluid. At the end of a week it was refilled. Cocaine was injected under the integument over the cyst, and an incision severing tissues made. When the dark-colored thyroid gland was exposed a double corded silk seton was passed and repassed through the cyst wall. Entrance and exit a half inch apart. The ends of the seton strands were separated and tied about six millimeters apart on either side with a view to cut off circulation in enclosed space. Inflammatory symptoms followed and temperature went up to 104° on the third day. The space enclosed was now divided; no hemorrhage following. The phenic acid solution for irrigation was used and temperature fell to normal gradually during two days. The opening was kept up with two large drainage tubes, and the cyst cavity healed up, after four weeks, from the bottom. The dyspnoea and central enlargement disappeared, but the lateral lobes continued hypertrophied. Tr. iodine injections subsequently reduced the size of the lateral lobes somewhat, but whether from infrequency (5 times) or from inefficiency I am unable to state. At the present time, over the situation occupied by cyst, depression appears and patient is pleased with result of treatment.



CASE III. Miss G., æt. 28, dressmaker, active and intellectual, applied in October, 1891, for relief from deformity and dyspnoea. Patient was cachectic, anæmic and the eyes prominent. There was a large growth over the region of the thyroid isthmus. Patient had been treated for three years off and on with the iodides. A hypodermic needle determined the contents of a cavity in growth and the contents shown by aspirating consisted of a liquid resembling serum and blood. After a hypodermic of cocaine as in the last case, a bistoury was used and cyst opened as if it were an abscess. The hemorrhage was profuse, but venous in character, and easily controlled by packing the cyst cavity with borated cotton and compress. The second day this was removed, and the bleeding which was free quite ceased after applying saturated solution chromic acid to cavity and repacking. There were no constitutional symptoms and my associate Dr. J. H. McCullough, who assisted and attended to subsequent treatment, informs me that suppuration hastened by poultices took place, and healing as desired. I saw the patient one year after. The growth was not apparent; the patient much improved in health and grateful for treatment.

CASE IV. Miss H., æt. 20; student; was first seen June, 1888, with simple parenchymatous goitre of medium dimensions. A hypodermic of tr. iodine in six weeks reduced the thyroid to normal size. In October, 1891, patient presented herself with large growth over the thyroid region. She was very anæmic, eyes protruding, and had dyspnoea and stupidity. The presence of a liquid cavity was determined with the hypodermic syringe, and its contents shown to resemble grumous fluid. Cocaine was used and an opening made down to the cyst wall. This was opened with bistoury. Hemorrhage was copious, but with fingers in wound somewhat under control. Adjoining cysts to the one opened were determined upon and septa severed. Packing with cotton and compress stopped bleeding. The second day chromic acid was applied to the inside of cavity repacked. No constitutional disturbance followed and my associate Dr. J. H. McCullough, who was present and attended subsequently, reports no incidents of importance. I saw patient one year after and the central enlargement had

disappeared. There was no prominence of eyes nor dyspnoea. The general health of the patient was greatly improved. The lateral lobes were somewhat enlarged, but the results were satisfactory to the patient.

#### CONCLUSION.

It is quite unnecessary to state that the dangers of such treatment was made known to the patients. They were undertaken as a duty rather than as an anticipated pleasure. All the precautions that go along with modern surgery: cleanliness, etc., were observed as far as practical. Prof. Depuis reports cases treated with trocar, canula, and tr. iodine. Canula left no wound while healing. Billroth reports a death from suppuration and septicæmia after injection of alcohol. With an open wound there is less danger from septicæmia, and it is more under control. Incision is to be preferred to excision of the cyst owing to difficulties attending the operation and dangers following, such as shock, etc. Removal of gland is condemned by more recent writers owing to the danger of a development of a condition first described by Sir Wm. Gull, and afterwards by Dr. Ord named myxœdema. A state in which meucin is developed in the connective tissue, and higher psychological centres become less responsive. This is, doubtless, the cachexia strumipriva of the German writers. The few cases of myxœdema seen by the writer resembled forms of cretinism. Cutting out a portion of the isthmus of the thyroid, first practiced by Sidney Jones, is said to be efficient treatment, but in those cases the anatomical identity of isthmus could not be recognized, owing to degeneration malformations. The hemorrhage is free, but except in hæmophilia under control with the packing and caustic as described. That there is danger from air and blood clot entering the veins there is no doubt, but in all surgery involving veins of the neck the risk can be lessened by pressure below the seat of incision. It is said that those who follow the service of the gynecologist or the ophthalmologist learn how much traumatism the abdomen or the eye can stand, and it is hoped from a perusal of this paper some reader may better estimate how much meddling the cyst of the thyroid in some cases will stand with benefit to their possessors.





